FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction		•								
		`	<u> </u>					Off	ice use onl	у		
NAME OF COMMITTEE (iii	n full)	(Check if name is changed)		ole: If typyir ne lines	ıg, type	12	E4M	5				
Lynn Jenkins	for Congress		ш			ш		Ш		ш		ш
							ш					لــــا
ADDRESS (number an	d street)	Box 1441	1 1 1 1	1 1 1	1 1 1							لــــا
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(Check if add is changed)	ress Tope	eķa				ı Ķ	s _l	1.	6660)1		1
						ш				∟ - ∟		
COMMITTEE'S E-M.	AIL ADDRESS		CITY▲			STAT	ΓE▲		ZIP	CODE	•	
	@sbcglobal.net											1
		<u> </u>				ш						Щ
www.lynnjer	B PAGE ADDRESS (U	KL)										
			ш			ш	ш					ш
			ш			ш				ш		ш
COMMITTEE'S FAX	NUMBER											
با لبنا												
		W W W										
2. DATE 0	8 / D D Y	2008										
3. FEC IDENTIFICATION NUMBER C C00433730												
4. IS THIS STATE	MENT X NEW	/ (N) OR		ΛM⊑NI	DED (A)							
4. IS ITIIS STATE	IVILIVI A INLVI	(N) OH		AIVILINE	DLD (A)							
Loostify that I have ever	mined this Ctatement and	to the best of my kee	vuladas ond	baliaf it ia tw	un normant a	and some	loto					
r certify that i have exam	nined this Statement and	to the best of my kno	owiedge and	beller it is tri	ie, correct a	ina comp	nete					
Type or Print Name of Treasurer Scott Griffith												
							М	M /	D D	/ Y	Y	Y Y
Signature of Treasure	er Electronically File	d by Scott Grif	fith			Date	0	8	^D 2 ^D 5		2 (0 8
NOTE: Submission of	false, erroneous, or incon	nplete information ma	y subject the	person sigr	ning this Sta	itement t	o the pe	enalties	of 2 U.S.C	C. S437	g.	
		NGE IN INFORMA			_							
Office				or further i			t:		FEC	FORI	— М 1	
Use Only			-	Federal Elect Foll Free 800 Local 202-69	-424-9530	ssion			_	ed 12/20		

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5.	TYPE OF CO	OMMITTEE (Check One) Committee:							
	(a) X	This committee is a principal campaign committee. (Complete the candidate information below.)							
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	e the candidate						
	Name of Candidate	Lynn Jenkins							
	Candidate Party Affiliati	on REP Office X House Senate President	State KS District 02						
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name of Candidate								
	Party Comm								
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.						
	Political Action Committee (PAC):								
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted organization is a:						
		Corporation Corporation w/o Capital Stock	Labor Organization						
		Membership Organization Trade Association	Cooperative						
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)							
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
	Joint Fundra	aising Representative:							
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political						
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political						
	Com	mittees Participating in Joint Fundraiser							
		1 FEC ID number C							
		2. FEC ID number							
		3. FEC ID number							
		4. FEC ID number							
		- FEC ID number C							

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Write or Type Committee Name			
Lynn Jenkins for Cong	gress		
6. Name of Any Connected C	Organization, Affiliated Committee, Leadership PA	AC Sponsor or Joint Fundraisi	ng Representative
Friends of Lynn Jenkin	IS		
	<u> </u>	111111111	
Mailing Address	228 S. Washington St.		
	Suite 115		
	Alexandria	LYA L	22314 _ [
	CITY	STATE A	ZIP CODE
Relationship:			
Connected Organization	n X Affiliated Committee Leaders	hip PAC Sponsor Joint I	Fundraising Representative
possession of Committee	dentify by name, address, (phone number dee books and records. Griffith 5932 S.W. Clarion Lane		·
	Topeka	KS	66610 _
Title or Position ▼ Treasure	CITY A	STATE A	ZIP CODE 14 - 228 - 1402
	e and address (phone number optional) of ny designated agent (e.g., assistant treasurer		ee; and the
Full Name of Treasurer Scott	t Griffith		
Mailing Address	5932 S.W. Clarion Lane		
	Торека	KS	66610
Title or Position ♥	CITY A	STATE ▲	ZIP CODE A
Treasure	er .	Telephone number 785	_ 228 1402

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Full Name of Designated Agent			
Mailing Address			
Title or Position ♥	CITY A	STATE A	
	Tel	ephone number	
9. Banks or Other Depositori safety deposit boxes or main Name of Bank, Depository, e	lds accounts, rents		
BB&			
Mailing Address	1909 K Street NW		
	Washington	DC _	20006
	CITY 🗻	STATE △	ZIP CODE 🛕
Name of Bank, Depository, e	etc.		
	RUST Bank		
Mailing Address	1035 S.W. Topeka Blvd		
	Topeka	KS	66612 _
	CITY 🙇	STATE ⊿	ZIP CODE 🛕

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committee	deposits funds, hol	ds accounts, rents
Name of Bank, Depository, etc.	Turido.		[ADDITIONAL]
Chain Br	idge Bank 		
Mailing Address			
L	Mclean	VA	22101
	CITY 🗻	STATE △	ZIP CODE 🛕
Name of Any Connected Organ	nization, Affiliated Committee, Leadership PAC Sponsor	or Joint Fundrais	[ADDITIONAL] ing Representative
1	· · · · · · · · · · · · · · · · · · ·		
Mailing Address	1251 Dartmouth Court		
	Alexandria	VA L	22314
Relationship:	CITY▲	STATE	ZIP CODE
Connected Organization	Affiliated Committee Leadership PAC Sponsor	X Joint Fun	draising Representative
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ♥	CITY A	STATE▲	ZIP CODE A
	Telephone	number	
Joint Fundraiser Participant			[ADDITIONAL]
	FEC I	D number C	